| (Column 1)  CAIMS REMAINING AFTER AMENDMENT  TOTAL  ADDIT, FEE  OR ADDIT, FEE  ADDIT, FEE  OR ADDIT, FEE  OR ADDIT, FEE  ADDIT, FEE  OR ADDIT, FEE  OR ADDIT, FEE  OR ADDIT, FEE  OR AS\$18.2.  OR X\$18.2.  OR X\$18.2.  OR ADDIT, FEE  O                                                                                                                                                                                                                            |      | PATENT             | APPLICAT           | ON FEE        | DETERN                      | TANIN                | TION REC                         | OF    | ap dr         | <i>(</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | _              | Pockel M                               |                            |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------|--------------------|---------------|-----------------------------|----------------------|----------------------------------|-------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|----------------------------------------|----------------------------|----|
| CLAIMS AS FILED - PART I  (Column 1) (Column 2)  FOR MAMBER FILED MUMBER EXTRA  FOR MAMBER FILED MUMBER EXTRA  TOTAL CHARGEABLE CLAIMS minus 3 a Mall ENTITY  (Column 1) (Column 2) (Column 3)  TOTAL OR TOTAL TO                                                                                                                                                                                                                               | _    |                    |                    |               |                             |                      |                                  |       |               | <u>\( \( \) \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \)</u> | 8           | 191            | d695                                   | 54                         |    |
| TOTAL CLAIMS  FOR MAMBER FILED NUMBER EXTRA  TOTAL CHARGEABLE CLAIMS minus 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | .,                 |                    |               |                             |                      | lumn 2)                          |       | SMALL         | ENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ity         |                | OTHE                                   | R THAN                     | 1  |
| TOTAL CHARGEABLE CLAIMS minus 20 " MANGER EXTRA minus 20 " MINUS 2                                                                                                                                                                                                                               | 1    | OTAL CLÁIM         | S                  | -             | ,                           |                      |                                  | 7.    |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | ٦ <sup>°</sup> |                                        |                            | -∤ |
| TOTAL CHARGEABLE CLAIMS  TINUS 20=  TOTAL  T                                                                                                                                                                                                                               | F    | OR                 | ,                  | ·NUMBE        | R FILÉD                     | NUM                  | BER EXTRA                        | 1     |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                |                                        |                            | -  |
| MULTIPLE DEPENDENT CLAIM PRESENT  If the difference in column 1 is less than zero, enter "0" in column 2  If the difference in column 1 is less than zero, enter "0" in column 2  TOTAL  OR +290=  TOTAL  OR ADDI-  RATE TIONAL  FEE  X43= OR X86=  X44= OR X86=  X44= OR X86=                                                                                                                                                                                                                                 | τ    | OTAL CHARGE        | ABLE CLAIMS        | 'n            | ninus 20=                   | •                    |                                  | 1     | X\$ 9:        | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | 7              |                                        | -                          | 1  |
| If the difference in column 1 is less than zero, enter "0" In column 2  If the difference in column 1 is less than zero, enter "0" In column 2  If the difference in column 1 is less than zero, enter "0" In column 2  If the difference in column 1 is less than zero, enter "0" In column 2  If the difference in column 1 is less than zero, enter "0" In column 2  If the difference in column 1 is less than zero, enter "0" In column 2  If the difference in column 1 is less than zero, enter "0" In column 2  If the difference in column 1 is less than zero, enter "0" In column 2  If the difference in column 1 is less than zero, enter "0" In column 2  If the difference in column 1 is less than zero, enter "0" In column 2  If the difference in column 1 is less than zero, enter "0" In column 2  If the difference in column 1 is less than zero, enter "0" In column 2  If the difference in column 1 is less than zero, enter "0" In column 2  If the difference in column 2 is less than zero, enter "0" In column 2  If the difference in column 2 is less than zero, enter "0" In column 2  If the difference in column 2 is less than zero, enter "0" In column 2  If the difference in column 2 is less than zero, enter "0" In column 2  If the difference in column 2 is less than zero, enter "0" In column 2  If the difference in column 2 is less than zero, enter "0" In column 2 in the appropriate box in column 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | N    | DEPENDENT (        | CLAIMS             |               | ninus 3 =                   | •                    |                                  | 1     |               | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | 1              | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | + -                        | -  |
| If the difference in column 1 is less than zero, enter '0' in column 2    International Column 1   Column 2   TOTAL   OR TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | М    | ULTIPLE DEPE       | NDENT CLAIM        | PRESENT       |                             |                      |                                  | 1     |               | ╁                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ·           | - OF           | ₹ <b>∧</b> 00=                         | +                          | -  |
| Column 1)  (Column 2)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 5)  (Column 6)  (Column 6)  (Column 1)  (Column 1)  (Column 1)  (Column 3)  (Column 3)  (Column 3)  (Column 1)  (Column 3)  (Column                                                                                                                                                                                                                               | . 1  | f the difference   | e in column 1 i    | s less than : | zero, enter                 | *0* in               | column 2                         | 3     | <u> </u>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                |                                        |                            | 1  |
| Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY O                                                                                                                                                                                                                               |      | 11/10/9            | ZAIMS AS           | AMENDE        | D - PAR                     | T II                 |                                  | ٠.    | TOTAL         | · L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | OF             |                                        |                            | 4  |
| REMAINING AFTER PREVIOUSLY PRESENT FEE X\$19.  Total Minus Mi                                                                                                                                                                                                                              | _    | 111101             | (Column 1)         | ~             |                             |                      | (Column 3                        | 1     | SMAL          | L EN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TITY        | OR             | OTHE!                                  | NAHT F                     |    |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM    Column 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | K N  |                    | REMAINING<br>AFTER |               | PREVIO                      | BER<br>WSLY          |                                  |       | RATE          | TK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DNAL        |                |                                        | ADDI-<br>TIONAL            |    |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM    145=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      | Total              | . 21               | Minus         | 1. 6                        | V)                   | - 1                              | 1.    | X5.9=         | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                | X\$18-                                 |                            |    |
| (Column 1)  CAIMS REMAINING AFTER AMENDMENT  TOTAL  ADDIT, FEE  OR ADDIT, FEE  ADDIT, FEE  OR ADDIT, FEE  OR ADDIT, FEE  ADDIT, FEE  OR ADDIT, FEE  OR ADDIT, FEE  OR ADDIT, FEE  OR AS\$18.2.  OR X\$18.2.  OR X\$18.2.  OR ADDIT, FEE  O                                                                                                                                                                                                                            |      |                    | 1. 6               |               |                             | <u>ට</u>             | .3                               |       |               | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                | Yes                                    | SECTION AND DESCRIPTION OF |    |
| COlumn 1)  CLAINS REMAINING AFTER AMENOMENT AMENOMENT Total  COlumn 2)  COlumn 3)  REMAINING AFTER AMENOMENT AMENOMENT AMENOMENT AMENOMENT  COLUMN 3  Minus                                                                                                                                                                                                                                | _    | FIRST PRESI        | ENTATION OF M      | ULTIPLE DE    | PENDENT                     | CLAIM                |                                  | ]     |               | ╁                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del></del> | OR             | <b> </b>                               | 276                        |    |
| COlumn 1)  COLUMNS REMAINING AFTER AMENDMENT  Total  AMINUS  AMENOMENT  COLUMN 1  COlumn 2  COlumn 3  ADDIT. FEE  OR ADDIT. FE                                                                                                                                                                                                                               |      | . • • .            |                    |               |                             |                      |                                  |       |               | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                |                                        |                            |    |
| REMAINING AFTER PREVIOUSLY PAID FOR PRESENT FEE TOTAL ADDIT FEE TOTAL OR ADDIT. FEE TOTAL TOTAL ADDIT. FEE TOTAL TOTAL ADDIT. FEE TOTAL TOTAL                                                                                                                                                                                                                                |      |                    |                    | ا ما          | 221                         | DE E                 | (Column 3)                       |       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | OR             | ADDIT, FEE                             | 268                        |    |
| Column 1   Cotumn 2   Column 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                    | REMAINING<br>AFTER |               | HIGHE<br>NUMB<br>PREVIO     | ST<br>ER<br>USLY     | PRESENT                          |       | RATE          | TIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NAL         |                | RATE                                   | TIONAL                     |    |
| Column 1   Cotumn 2   Column 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                    | 19                 | Minus         | - 6                         | 31                   | :                                |       | X\$ 9=        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | OR             | X\$18=                                 |                            |    |
| 145=   OR   +290=   OR   ADDIT. FEE   OR   ADD                                                                                                                                                                                                                                 |      |                    | MATION OF W        |               | -6                          | 2                    | =                                | T     | X43=          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                | X86=                                   |                            |    |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING REMAINING AFTER AMENDMENT PAID FOR  Total  Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      | PINST PRESE        |                    |               | PENDENT (                   | MIAJO                |                                  | ]     | ±145=         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                |                                        |                            |    |
| CLAIMS REMAINING AFTER AMENDMENT  Total  Total  Minus  Min                                                                                                                                                                                                                               |      |                    | 1 P1 1.            | 9             |                             | •                    |                                  |       | TOTAL         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | 1              |                                        |                            |    |
| REMAINING AFTER AMENDMENT  Total  Minus  Min                                                                                                                                                                                                                               |      |                    | (Column 1)         |               | (Colum)                     | 121                  | (Column 3)                       |       | ADDIT. FEE    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | Un ,           | ADDIT. FEE                             |                            |    |
| Independent Minus See C = X\$ 9= OR X\$16= Independent Minus See C = X\$ 9= OR X\$16= OR |      |                    | REMAINING<br>AFTER |               | HIGHE:<br>NUMBE<br>PREVIOU  | ST<br>Er<br>ISLY     | PRESENT                          |       | RATE          | TICK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VAL         |                | RATE                                   | TIONAL                     |    |
| Independent • Minus •• 3 = X43= OR X86e  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | Total              | . 6                | Minus -       | - 10                        | 1                    | <b>E</b> .                       |       | X\$ 9=        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                | XS4F-                                  | ATE.                       |    |
| If the entry in column 1 is less than the entry in column 2, write "of in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                    |                    |               |                             | )                    | 3                                |       | <del></del>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | /              |                                        |                            |    |
| If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20."  ADDIT. FEE  OR ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1    | HRST PRESE         | NTATION OF MI      | ILTIPLE DEI   | PENDENT C                   | MIAL                 |                                  |       | A43=          | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4           | OR             | Year                                   |                            |    |
| The "righest number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - 44 | THE PROPERTY NAMED | NOET PTEVNOLEN Pa  | IN FACINITIES | ら むひんたき ディ                  |                      |                                  |       | TOTAL         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | ) E            | TOTAL                                  |                            |    |
| PTO-675 (Rev. 10/03)  Paters and Tradematik Office, U.S. DEPARTMENT OF COMMUNICATION  Paters and Tradematik Office, U.S. DEPAR                                                                                                                                                                                                                               | _    | he "Highest Numi   | Der Previously Pak | For (Total or | o space is h<br>Independent | ess than<br>) is the | i 3, enter *3.*<br>highest numbe | r fou | ind in the ap |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | in colu        | mn 1.                                  |                            |    |

whitesting of hocker unimper